

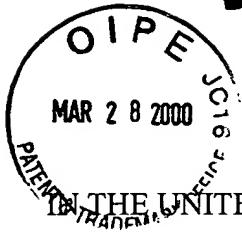
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PATENT

Attorney Docket No. 101.0084-00000

Customer No. 22882



In re Application of)
)
Gary K. MICHELSON)
)
Serial No. 09/457,228) Group Art Unit: 3738
)
Filed: December 8, 1999)
)
For: Spinal Implant Surface Configuration)

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APR 12 2000
TECHNOLOGY CENTER 3700

Assistant Commissioner for Patents
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Sir:

REQUEST FOR CORRECTED FILING RECEIPT

We are forwarding herewith a copy of a Filing Receipt for the above-identified patent application. As indicated in ink on the attached copy, there is an error in the Filing Receipt. The Applicant's name should be changed from "Gary K.M.D. Michelson" to --Gary K. Michelson, M.D.-- as it appears in the original application papers as filed.

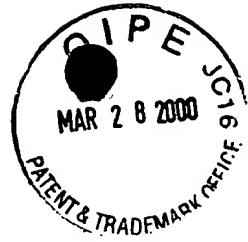
It is respectfully requested that a corrected Filing Receipt be issued as soon as possible.

Respectfully submitted,

MARTIN & FERRARO, LLP

Dated: March 27, 2000

By: 
Thomas H. Martín
Reg. No. 34,383
Martin & Ferraro, LLP
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(703) 679-9300



PATENT
Attorney Docket No. 101.0084-00000
Customer No. 22882

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this Request for Corrected Filing Receipt, attachment, and self-addressed stamped postcard are being deposited on March 27, 2000 with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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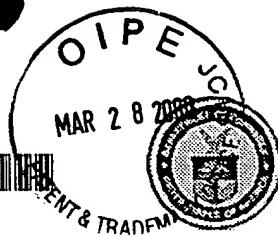
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/457,228	12/08/1999	3738	4478	101.0084-00000	7	202	7

MARTIN & FERRARO
14500 AVION PARKWAY
SUITE 300
CHANTILLY, VA 201511101

Date Mailed: 03/17/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

GARY K. M. D. MICHELSON, VENICE, CA ;

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Continuing Data as Claimed by Applicant

MAR 20 2000

Foreign Applications

MARTIN & FERRARO LLP

If Required, Foreign Filing License Granted 01/14/2000

TECHNOLOGY CENTER 3700

Title

SPINAL IMPLANT SURFACE CONFIGURATION

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Preliminary Class

623

APR 12 2000

Data entry by : GARNETT, SANDRA

Team : OIPE

Date: 03/17/2000



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Bib Data Sheet


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SERIAL NUMBER 09/457,228	FILING DATE 12/08/1999 RULE -	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 101.0084-00000
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APPLICANTS

GARY K. MICHELSON, VENICE, CA ;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

** 01/14/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 202	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

22882

TITLE

SPINAL IMPLANT SURFACE CONFIGURATION

FILING FEE RECEIVED 4478	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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